		Court:				
Are you trying to change	an Order of Protection	that is in effect right now?				
, , ,		· ·	□ Voc □ No			
modify.	ase number of the Orde	er of Protection you are trying to	∐ Yes ∐ No			
modify.						
WHO ARE YOU? (You will be known as the Plaintiff in this case)						
Name:	first	Date	of Birth:/			
The court needs your contact information, so please complete the information below. If the person you need protection from (the defendant) does <b>NOT</b> know where you live, the court can hide your address so the						
defendant will not see it			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Does the person you ne	ed protection from know	where you live?	☐ Yes ☐ No			
WHERE DO YOU LIV	E?					
Street Address:						
_			Suite/Apartment #			
-	-16.	_ Arizona	7/0 ***			
lo thio your rooidonoo o	city	urt can contact you (friend's bouge, shall	ZIP code			
is this your residence, of	r the place where the co	urt can contact you (friend's house, shel	ter, etc)?			
Residence Cor	ntact					
		the defendant will not see it in your	□ Vaa □ Na			
Order of Protection paper	erwork?		∐ Yes ∐ No			
Home phone:		_ Work phone:				
' -	area code number	-	area code number			
Cell phone:		Message phone:				
•	area code number		area code number			
Email:						
WILL DO VOLLNEED	THE COURT TO KE	ED AWAY EDOM VOLIO (The Defen	· -l - · · (\)			
WHO DO YOU NEED	THE COURT TO KE	EP AWAY FROM YOU? (The Defer	idant)			
		rson you need to be protected from (the				
		need protection from because that will h	nelp law enforcement			
protect you better if you	•					
Name:	first	Middle	11			
			last			
Street Address.			suite/apartment #			
		Arizona	cano, aparament n			
-	city		ZIP code			
Phone:		Gender: ☐ Male ☐ Female Rad -	ce:			
Data d'D'ath	area code number	Weight Fire	11-2-			
	=	inches Weight: Eyes: _				
Social Security#:	Driv	ver's License#: State:	_ Exp Date:			
Does the defendant use any other name?						
If YES, please provide of	☐ Yes ☐ No					
Is the defendant current	ly a member of the milita	ary?	☐ Yes ☐ No			
Is the defendant current	ly a member of law enfo	rcement?	☐ Yes ☐ No			

WHAT IS YOUR RELATIONSHIP TO THE DEFENDANT?						
My (Plaintiff's or child(ren)'s) relationship to the Defendant is (check all that apply):						
☐ We are married. Date of marriage://						
☐ We are divorced. Date divorce was granted://						
☐ We are living together now or have lived together in the past.						
☐ One of us is pregnant by the other.						
☐ We have a child in common.						
☐ None of the above.						
Check each checkbox	that applies to the rela	tionship.				
☐ The <b>defendant</b> is ei	ther my spouse's or my:	OR The defendant's spouse is r	my spouse or my:			
☐ Parent	☐ Son	☐ Stepparent	☐ Stepson			
☐ Grandparent	□ Daughter	☐ Step grandparent	☐ Stepdaughter			
☐ Brother	☐ Grandson	☐ Stepbrother	☐ Step grandson			
☐ Sister	☐ Granddaughter	☐ Stepsister	☐ Step granddaughter			
ARE THE COURTS II	NVOLVED IN THIS RE	ELATIONSHIP?				
Is an action for maternity, paternity, annulment, legal separation or dissolution of marriage (divorce) now pending between you and the defendant?  Case Number (if known): Name of Court:			□ No □ Yes			
Have either you or the defendant been charged or arrested for domestic violence <b>OR</b> requested an Order of Protection or Injunction Against Harassment against the other? Give date and name of court:  Date:/ / Court:			□ No □ Yes			

## WHY DO YOU NEED THIS PERSON TO STAY AWAY FROM YOU? The court may issue an Order of Protection if the defendant has already committed, or may commit an act of domestic violence against you or your minor child. Describe only acts of domestic violence, which have occurred within the past year. If the defendant was in jail or prison, you may describe what occurred immediately before they were placed in custody. You may also describe acts you believe the defendant might commit, including whether you fear bodily injury or death. Be as specific as possible, giving the date of each act of violence by the defendant: Briefly describe what happened / or may happen: Add additional acts of domestic violence **OR** acts you believe the defendant might commit: Briefly describe what happened / or may happen: Add additional acts of domestic violence or acts you believe the defendant might commit: Date: \_\_\_\_/ \_\_\_\_/ **OR** I think the following may happen: Briefly describe what happened / or may happen:

WHAT DO YOU WAN	T THE COURT TO OF	RDER?					
I ask the Court to order the Defendant not to commit an act of domestic violence against me and/or persons named later in this request and/or against my property <b>AND</b> make the following Order(s) (check which Orders you want):							
☐ Order the defendant not to possess and/or purchase firearms and/or ammunition.							
☐ Order the defendant to surrender firearms and/or ammunition.							
☐ Order the defendant to participate in domestic violence counseling or other counseling.							
The Defendant may only	y contact me: ☐ by pho	one □ in wr	iting   electronically				
☐ And/ or by other mea		_					
WHO ELSE NEEDS T	O BE PROTECTED F	ROM THIS	DEFENDANT?				
Does anyone else need t	o be protected from this	defendant?		☐ Yes ☐ No			
The following person(s) s	should be included withir	the protection	on of this Order for the	following reasons:			
Include name and addres know this person's add		`	, ,	not want the defendant to			
Name:	iress, encor the Erro	icot addi coo	OHOOKBOX.	/			
_	first		last	date of birth			
Street Address: _		Arizona		Suite/Apartment #			
<del>-</del>	City	/ (112011a	ZIP Code				
	Relationship to you:			☐ Protect address			
Name: _				/			
Street Address:	first		last	date of birth			
_		Arizona		Suite/Apartment #			
	City		ZIP Code	ZIP Code			
	Relationship to you:			☐ Protect address			
Name: _	first		last	/ / date of birth			
Street Address: _							
_	City	Arizona	ZIP Code	Suite/Apartment #  ZIP Code			
	·			☐ Protect address			
Name:	Relationship to you:						
_	first		last	,, date of birth			
Street Address: _		A =======		Suite/Apartment #			
_	City	Arizona	ZIP Code	ZIP Code			
	Relationship to you:			☐ Protect address			

WHAT PLACES SHOULD THE DEFENDANT STAY AWAY FROM?				
Do you want the court to order that the defendant stay away from where you live?	☐ Yes ☐ No			
Do you want the court to order that the defendant stay away from where you work?	☐ Yes ☐ No			
Workplace Name:				
Street Address:				
	Suite/Apartment #			
Arizona <i>City</i>	Zip Code			
•	Zip Code			
Does the defendant also work there?	☐ Yes ☐ No			
Does the defendant know where you work?	☐ Yes ☐ No			
Would you like the court to <b>hide</b> your work address so the defendant will not see it in your Order of protection paperwork?	☐ Yes ☐ No			
Do you want the court to order that the defendant stay away from the school where you or your child attend?	☐ Yes ☐ No			
School Name:				
Street Address:				
	Suite/Apartment #			
Arizona 	Zip Code			
Would you like the court to <b>hide</b> the address of this school so the defendant will not see it in your Order of protection paperwork?	☐ Yes ☐ No			
Do you want the court to order that the defendant stay away from any additional locations?	☐ Yes ☐ No			
Description:				
Street Address:				
Arizona	Suite/Apartment #			
City	Zip Code			
Would you like the court to <b>hide</b> the address of this location so the defendant will not see it in your Order of protection paperwork?	☐ Yes ☐ No			
If you and the defendant are living together, are you asking the court to order the defendant not to return to a home that the two of you share?	☐ Yes ☐ No			
DO YOU HAVE ANY ADDITIONAL REQUESTS?	☐ Yes ☐ No			
Additional Requests:				